

**March 22, 2016 NOTICE:** All Parties Submitting Property  
Recording Applications

The Property Recording Section of DNS is working diligently to modify our forms in accordance with Wisconsin Act 176. We appreciate your patience as we work to redevelop them. During this transition, continue to submit the attached existing Property Recording application as outlined below

1. Every Property Recording application should have Section 1: Filing an application and Section 2: Property Description completed. Please include the application fee if due.
2. Only the following **bold print** information is now **required:**
  - **Full name of property owner(s)** must be listed in either,
    - Section 3A = Owned by Person (s)
    - OR**
    - Section 3B = Owned by Legal Entity
    - OR**
    - Section 3C = Owned by Trust, Estate or Other
  - **Authorized Contact Person** must be listed in Section 5: Preferred Primary Contact as follows:
    - Full name of an authorized contact **person.** This may be the individual owner's information.
    - Valid phone number of an authorized contact **person.** This may be the individual owner's information.
    - Valid address of an authorized contact **person.** This may be the individual owner's information.

Owners may voluntarily fill out more of the application to provide additional contact information. Any information submitted on the application may be used to reach responsible parties. For questions, feel free to contact Property Recording at 414-286-8569.

CITY OF MILWAUKEE
PROPERTY RECORDING APPLICATION
(As required by City Ordinance 200-51.5)

SECTION 1: FILING AN APPLICATION

PLEASE TYPE OR PRINT IN INK!

☐ New Application - \$81.12 fee for each taxkey
☐ Previously owner-occupied - \$40.56 fee for each taxkey
☐ Recording within 15 days of transfer of title - \$40.56 fee for each taxkey
☐ Owned by same entity since October 1, 1993 or before - \$40.56 fee for each taxkey
(The above fees include a 1.4% Training and Technology surcharge.

☐ Update Application Previously Submitted - No fee
☐ Ownership address or phone change (Section 3 change)
☐ Correcting previous error. Describe
☐ Registered Agent, Operator or Primary Contact change (Sections 3B, 4, 5)
☐ Other change to existing application. Describe

\*REQUIRED FOR ALL APPLICATIONS – Date of property transfer: / / (Month/Day/Year)

SECTION 2: PROPERTY DESCRIPTION

Taxkey Number \_\_\_\_\_ Property Address \_\_\_\_\_ # Residential Units \_\_\_\_\_
ADDITIONAL PROPERTY LIST ATTACHED (Y/N) \_\_\_\_\_ NUMBER OF PROPERTIES ON ATTACHED LIST \_\_\_\_\_

SECTION 3: OWNERSHIP INFORMATION (FILL OUT THE APPROPRIATE SECTION BELOW)

☒ CHECK HERE IF THIS PROPERTY IS OWNED BY MORE THAN 2 OWNERS. ATTACH A SIGNED AND NOTARIZED LIST OF ALL ADDITIONAL OWNERS IN THE FORMAT SHOWN IN SECTION 3A OR 3B.

3A: Owned by Person (s)
OWNER 1: Each person or entity listed on title of the property must be listed separately.
Last Name First Name MI Jr., III, etc. Date of Birth: / / (Month/Day/Year)
Address Where Owner Resides City State Zip Code
Check One: ADDRESS – Home ( ) PHONE – Home ( ) Business ( ) Business ( )
Ownership Type MUST be selected: (CHECK ONLY ONE)
( ) Titleholder ( ) Land Contract Seller ( ) Land Contract Purchaser ( ) Other - Specify
PREFERRED MAILING ADDRESS (Optional):
P.O. Box or Street Address City State Zip Code
“Doing Business As” Name (Optional) :

OWNER 2:
Last Name First Name MI Jr., III, etc. Date of Birth: / / (Month/Day/Year)
Address Where Owner Resides City State Zip Code
Check One: ADDRESS – Home ( ) PHONE – Home ( ) Business ( ) Business ( )
Ownership Type MUST be selected: (CHECK ONLY ONE)
( ) Titleholder ( ) Land Contract Seller ( ) Land Contract Purchaser ( ) Other - Specify
PREFERRED MAILING ADDRESS (Optional):
P.O. Box or Street Address City State Zip Code
“Doing Business As” Name (Optional) :

(Don’t forget! – At least one owner must sign in Section 6)

3B: Owned by Legal Entity Registered with the Respective State Agency
\* All of the information entered in 3B must match the Registration Information on File with the Respective State Agency!
Check One: ☐ Corporation ☐ Limited Partnership ☐ Limited Liability Company ☐ Limited Liability Partnership
Business Phone ( ) -
Name of Legal Entity
Registered Agent’s Last Name First Name MI Jr., III, etc. Corporation I.D. Number
Street Address City State Zip Code
Ownership Type MUST be selected: (CHECK ONLY ONE)
( ) Titleholder ( ) Land Contract Seller ( ) Land Contract Purchaser ( ) Other - specify
PREFERRED MAILING ADDRESS (optional):
P.O. Box or Street Address City State Zip Code

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3C: Owned by Trust, Estate or Other

Check One: ☐ Trust ☐ Estate ☐ Other (specify) \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_-\_\_\_\_-\_\_\_\_

Name of Trust, Estate or Other \_\_\_\_\_

Trustee or Personal Representative's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Jr., III, etc. \_\_\_\_\_

Address where Personal Representative or Trustee resides \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Ownership Type *MUST be selected: (CHECK ONLY ONE)*  
( ) Titleholder ( ) Land Contract Seller ( ) Land Contract Purchaser ( ) Other - specify \_\_\_\_\_

PREFERRED MAILING ADDRESS (optional):  
P.O. Box or Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

SECTION 4: OPERATOR (Person or entity tending to property on behalf of the owner.) \* Note: Operator is required if owner does not reside or have a business located in one of the counties listed here.

Operator must reside or have a business in one of the following counties: Kenosha, Milwaukee, Ozaukee, Racine, Walworth, Washington or Waukesha.

Check one of the five boxes in this section and complete accordingly:

\* Information must match Corp File!

☐ Person ☐ Corporation\* ☐ Limited Partnership\* ☐ Limited Liability Company\* ☐ Limited Liability Partnership\*

Name of Person or Legal Entity \_\_\_\_\_ Corporate I.D.# \_\_\_\_\_

Registered Agent's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Jr., III, etc. \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Month/Day/Year)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Check One: ADDRESS – Home ( ) PHONE – Home (\_\_\_\_) \_\_\_\_-\_\_\_\_-\_\_\_\_  
Business ( ) Business (\_\_\_\_) \_\_\_\_-\_\_\_\_-\_\_\_\_

Operator Signature must be notarized or application will be rejected.

Operator Statement (revised 10/10/2008)

I, \_\_\_\_\_, as operator for all properties  
(Print Name Please)

recorded pursuant to Ord. 200-51.5 and listed herein, acknowledge that I will accept service on behalf of the owner for violations of the Milwaukee Code of Ordinances for Orders regarding these properties.

Operator's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

Signed or attested before me on \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of notarial Officer (Seal, if any)

My Commission Expires \_\_\_\_/\_\_\_\_/\_\_\_\_

SECTION 5: PREFERRED PRIMARY CONTACT

If this person is listed in sections three or four you need only provide the name.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Jr., III, etc. \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Check One: ADDRESS – Home ( ) PHONE – Home (\_\_\_\_) \_\_\_\_-\_\_\_\_-\_\_\_\_  
Business ( ) Business (\_\_\_\_) \_\_\_\_-\_\_\_\_-\_\_\_\_

SECTION 6: SIGNATURES

All signature(s) below must be signed and dated in the presence of a notary. Notary will witness and affix signature and seal (if any).

The undersigned hereby attests to the above information as accurately describing the sale/transfer of the property to the best of their knowledge. Any falsification of information will result in enforcement of penalties prescribed in S 946.321(1) Wisconsin Statutes.

Owner 1 Signature \_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_

Owner 2 Signature \_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_

Officer of Legal Entity \_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_

Trust, Estate or Other \_\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_

Title of above Signatory \_\_\_\_\_  
(Signature must be notarized or application will be rejected.)

State of \_\_\_\_\_

County of \_\_\_\_\_

Signed or attested before me on \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of notarial Officer (Seal, if any)

My Commission Expires \_\_\_\_/\_\_\_\_/\_\_\_\_

NOTE: All attachments must be signed by at least one owner and notarized.

Make Check Payable to: CITY OF MILWAUKEE

Mail application to: PROPERTY RECORDING PROGRAM, Dept. of Neighborhood Services

841 N. Broadway RM 105, Milwaukee, WI 53202-3613

Application– Page Two of Two